North Carolina – Treatment Outcomes and Program Performance System (NC-TOPPS)

Advisory Committee

April 27, 2006 Meeting Minutes

Attendees

Member/Representatives:

Sonja Bess	Mental Health Services of Catawba County
Kent Earnhardt	Advocate for Persons with Disabilities
Connie Mele	Mecklenburg County Area MH, DD, SA Authority
Becky Page	Southeastern Center for MH, DD & SAS
David Peterson	Wake County Human Services
Andy Smitley	Sandhills Center for MH, DD & SAS
Janice Stroud	The Durham Center Providing Behavioral Health & Disability Services

Guests:

Rick Boquist	Innovation Research and Training, Inc.
Beth Bordeaux	The Durham Center
Margaret Clayton	Five County Mental Health Authority
Richard Edwards	Easter Seals UCP
Sherri Green	Consultant to DMHDDSAS
Erin Kennedy	Innovation Research and Training, Inc.
Bryan Misenheimer	Five County Mental Health Authority

Staff:

Spencer Clark	Division of Mental Health Developmental Disabilities and Substance Abuse Services (DMHDDSAS)
Shealy Thompson	DMHDDSAS
Tom Palombo	DMHDDSAS
Karen Eller	North Carolina State University's Center for Urban Affairs and Community Services (NCSU CUACS)
Jaclyn Johnson	NCSU CUACS
Kathryn Long	NCSU CUACS
Mindy McNeely	NCSU CUACS
Marge Cawley	National Development and Research Institutes, Inc. (NDRI)
Gail Craddock	NDRI
Bob Hubbard	NDRI

Meeting Convened

- Marge Cawley convened the meeting at 10:00 a.m. with self-introductions.

January 26, 2006 Meeting Minutes Approved

Maternal/Pregnant Consumers

- Sherri Green, Ph.D., provided excerpts from her study "**The Influence of Racial**

and Cultural Competencies on Client Outcomes: Evaluation of Anti-Discriminatory Practice in North Carolina Maternal and Perinatal Substance Abuse Treatment Programs." Green distributed two handouts on this topic (please contact Cawley@ndri-nc.org if you desire these handouts).

- Her study addresses cultural competence in 21 women's treatment programs. Qualitative data taken from annual program reports provided a context from which results from the quantitative portion of the study could be interpreted. Quantitative data for this study came from NC-TOPPS.
- Green briefly described the background theoretical framework for her study, how she operationalized cultural competency, the data she used, research methods, her research questions and findings.
- From her study two research questions were answered: 1) pregnancy appears to be a protective factor for both groups and 2) the effect of this protective factor appears to be statistically the same for her two client groups, Non Hispanic Black and Non Hispanic White women. Green concluded that her work supports clinical observation and observations of other researchers, that pregnancy is a motivating influence for women to embark on recovery.
- Green shared her study's limitations and strengths. Limitations included selection bias (participants not reporting use at intake or participants lost at follow up) and the under reporting by participants of their substance use, particularly at time one assessment. Strengths include the use of both qualitative and multivariate analysis techniques and multiple years of both qualitative and quantitative data. Qualitative data provided for description of contextual program factors related to cultural competence. The quantitative data provided two measurement points to compare client groups and address client outcomes.

Training Plan

- Mindy McNeely shared a handout that provided training options. She briefly went through each option before having attendees break into groups to brainstorm on these options and other training ideas. The management team would like to gather input from the Advisory Committee as to the value that these training options might have for overall data management and use of NC-TOPPS information.
- The four options are:
    - Regional Super-User Trainings- These would target super-users at both the LME and Provider Levels. The goal of this training would be to educate the user about the features available as a super-user. We would also guide super-users in how to best utilize these features to ensure data quality and integrity. She is tentatively planning to conduct these in August.
    - NC-TOPPS as a tool for improving clinical care- This training would be targeted to anyone interested in the use of NC-TOPPS data gathering or data use for improving the clinical care of consumers. This would, presumably, be most useful to clinical staff. The training would incorporate information from clinical staff using NC-TOPPS as a tool to improve care. An emphasis will be placed on the use of the tool itself as a part of developing a strong Person-Centered Plan.   The plan is to do these in the late fall.

- Connie Mele suggested that program management and administration be invited to this training.
  - ♦ CFAC Trainings- Members of local and state CFAC teams would be the target of these types of trainings. These would be smaller trainings intended to introduce CFAC members to NC-TOPPS and its possible uses for CFAC organizations. These trainings would be done as requested.
  - ♦ QI Forum Trainings- These trainings are targeted to QI staff at the LME level. These could be done in conjunction with QI Forum gatherings. The goal of this training would be to provide assistance to QI staff in the use of data gathered through NC-TOPPS to evaluate clinical care, provider performance and consumer improvement. A timeframe for these trainings has not been determined.
- Janice Stroud plugged the superuser training. She appreciated the training Mindy did for the Durham Center.
- Dave Peterson noted that we may want to consider sessions for provider organizations.
- Several members noted that providers still need training on how to use the online system.
- Shealy Thompson noted that there are plans to develop a two-hour training on how NC-TOPPS fits with PCP.
- Sherri Green indicated she could be a resource for pilot studies such as how to use NC-TOPPS data for clinical application.

CSDW and DSIS Updates
- Tom Palombo provided information on the Division's Decision Support Information System. He led a discussion using an internet online connection to DSIS. He noted the 10 minute slide show that is available at https://www.ncdmh.net/dsis/DSISFlowChart.ppt .
- Palombo also showed examples of reports that can be gotten at this site. The URL for getting reports is: https://www.ncdmh.net/dsis/ then click on "See Reports." He demonstrated how data from different sources can be merged. For example, he showed how items from the consumer satisfaction survey for Adult participants in CDW and receiving a NC-TOPPS Assessment can be used to provide information.
- He shared information on the "Sign Data Set Confidentiality Agreement," "Data User Access Agreement," and the Division's upcoming May 5th Basic Training for CSDW/DSIS. He also shared that in July the Division will begin teleconference training.
- Contact Cawley@ndri-nc.org for Palombo's handout.

Modifications to Online Assessments
- Marge Cawley led this discussion on the major changes being made to the online Assessments. She began by noting the sources that influenced the changes. These included: the new service definitions/Division terminology; the federal NOMS, SOMMS and TEDS requirements, and input from the field, Division and NDRI and CUACS.

- The new terms consist of now calling NC-TOPPS Interviews rather than Assessments. Discharges will be called Episode Completion Interviews.
- A separate Episode Completion/Transfer Interview will exist. This change satisfies TEDS/NOMS discharge requirements. Some items will be different from the Update Interview. Episode Completion new items include an item asking about the consumer's primary, secondary and tertiary substance problem at episode completion (not in the Update) and an item on the frequency of use of primary, secondary and tertiary problem (not in the Update). Also, some items in the Episode Completion Interview will ask current status rather than 'since your last assessment' or 'in the past month'. An example item is, "what best describes your current employment status?" Items that will show current status include: Employment status; Detailed not in labor force; and Where living (living arrangement). One item will be changed from 'since last assessment' to 'past 30 days'. This is the item asking about 'Arrests in past 30 days prior to episode completion.'
- Two categories were added: CPS as a special population category (Adult), and Therapeutic Foster Care as a special population category (Adolescent & Child).
- Some items will be added. We are planning to add some gambling items to the Adult Initial, Update and Episode Completion/Transfer Interviews, but we have not yet determined the specific questions. An item about the consumer having choice in providers will be added to each Initial Interview. It may read "Did you have a choice of at least two providers?" In addition, an item on the timeliness within which the consumer received services will be asked, such as "Did you receive services in a timely manner to meet your needs?"
- In the Update Interview most items will be changed from reading 'since the last assessment' to 'in the past 3 months.'
- One item has been dropped from the Adult and Adolescent Interviews, "In the past 3 months in the Initial and past month in the Update, how many hours per week, on average, did you work for pay?"
- We are still assessing a couple of items. These are the 'positive role model' and 'family support of treatment and recovery.' The federal government is developing a measure(s). We will wait to change ours to match the federal measure(s). We also are reviewing the educational improvement item to see if we are capturing improvement overtime.
- We are currently developing an Adult Mental Health, Adult with Stable Recovery (AMSRE) Initial, Update and Episode Completion/ Transfer Interviews. AMSRE will replace the Psych Med Management/ Community Support Only special program category. These versions will be shorter versions of the current NC-TOPPS Interviews. If this IPRS Target Population is checked, then the system leads the clinician to the appropriate AMSRE Interview. The AMSRE Interview items capture information on the AMSRE seven consumer eligibility criteria.
- These revisions will be effective on July 1, 2006. Guidelines will be published in June that are appropriate for these changes. The management team will be evaluating these revisions throughout the upcoming fiscal year.
- Future additions to be under the online NC-TOPPS umbrella include the ADATCs,

TASC CJM and possibly DD populations.
♦ The management team is currently working with ADATCs' staff and Division staff to develop appropriate Interviews, Initial and Episode Completion items to implement on October 1, 2006. These online ADATC Interviews will have items appropriate for short-term residential treatment.
♦ We plan to implement Treatment Alternatives for Safer Communities Criminal Justice Management (TASC CJM) during SFY 2007.
♦ We anticipate beginning a discussion with the DD community.

Use of NC-TOPPS Data, The Durham Center

- Janice Stroud and Beth Bordeaux led a presentation on what they called "The Good, The Bad and The Ugly." They distributed two handouts that provided information on the Durham Center's consumers who had NC-TOPPS Interviews. Bordeaux noted that there is great potential for the data, but right now the focus is on compliance. (Please contact Cawley@ndri-nc.org for these handouts.)
- Stroud began the discussion with the "Durham Updates due through 2/28/06 as of 3/15/06." This handout shows the range of number of days of expected Update from the date of last submission. This data began the Durham Center's discussion with its providers on NC-TOPPS Update compliance.
- Durham Center took specific actions to engage its providers. They sent compliance reports to providers that displayed how each provider stood relative to other providers. The Center formed a superuser group to discuss how to improve compliance and to train for improvement. The Center also started trending by provider on how the provider was improving. They discussed what is difficult and what is working to improve compliance.
- The second handout, "The Durham Center NC-TOPPS Reports, Second Quarter FY 06," displays admission compliance rates on NC-TOPPS Initial Assessments completed for mental health and substance abuse consumers admitted in the second quarter by case management, ACTT, opioid treatment and outpatient providers. Providers could see how they stood relative to other similar providers. This report also compared Durham Center's Type of NC-TOPPS Initial and Update Assessments submissions to statewide totals. The report then discussed findings based on information gathered through NC-TOPPS Initial Assessments completed from July through December 2005. The report also compares Durham's NC-TOPPS consumers to all consumers statewide based on NC-TOPPS Initial Assessments data. The report provides information on Demographics and NC-TOPPS Submission Rates and then discusses Durham Consumer Profiles for adolescent mental health, adult mental health and adult substance abuse consumers. The report concludes that "Overall the data indicate that Durham consumers have more serious and complex disorders than consumers statewide in the NC-TOPPS samples. Durham consumers are more likely to express a need for services to address basic needs such as food, housing, transportation, and medical care. When compared to consumers statewide, Durham consumers appear to be drawn mainly from the city's disadvantaged African-American population. The Durham Center's system-of-care philosophy that takes into account strengths and needs in all life domains is especially appropriate in these circumstances."

- These reports are also being shared with the Center's board. NC-TOPPS data is also being employed as part of its system of care assessment.
- Bordeaux expressed her concerns about the future of using NC-TOPPS data.
  - ♦ Firstly, she is afraid that we will begin to lose the ability to capture NC-TOPPS data when consumers no longer need to go through the LMEs, but can enter into the system as directly enrolled consumers. She asked how LMEs will get data from the providers serving these consumers. If LMEs must get the data from Value Options there will be a huge lag time. Furthermore, will this data be usable? Additionally, useful data, such as that in IPRS, CDW, Medicaid and NC-TOPPS are all in different databases.
  - ♦ Secondly, how can compliance be improved? She advocates for increasing incentives for performance. We need to develop performance indicators and build partnerships that provide incentives to encourage using the data.
  - ♦ Thirdly, how can we entice clinical folks to collect data? Can we decrease paperwork or show them that by doing NC-TOPPS consumer treatment and services will be improved? She stated that right now utilization management is an incentive for LMEs to get information from its providers. When this responsibility moves to Value Options, the LMEs no longer have this incentive.
  - ♦ The presentation ended with discussion by members over these concerns. Bordeaux repeated that she believes the best incentive is a financial one based on performance indicators. She noted that the federal government is modeling this approach.

Where are We with SFY 2006, Mental Health and Substance Abuse Feedback Reports

- Gail Craddock shared three handouts: "Reports Delivered and Update Report Template," "Tracking an Entry Cohort of 10,000 Consumers, Example Only," and an "Adult Substance Abuse Consumers Statewide Draft, Three Month Assessments." Please contact Cawley@ndri-nc.org for copies.
- Craddock shared information on the Initial Assessment reports. In February 2006 Initial reports for the period covering July 2005 through December 2005 for Adult Substance Abuse, Adult Mental Health and Adolescent Mental Health were provided to the superuser accounts for each of the 30 LMEs. These reports were in pdf format. No later than August she plans to provide to each LME the following Initial Assessment reports that cover the entire fiscal year: Adult Substance Abuse; Adolescent Substance Abuse, Adult Mental Health, Adolescent Mental Health and Child Mental Health.
- Craddock went on to discuss the Update Assessment Report Template. She shared that the cross-sectional Update template is in draft form. For these reports, any Update time can be selected. Additionally, any subset of data, such as LME, provider, gender, race/ethnicity or target population, can be selected. She explained that the substance abuse and mental health versions have slightly different item sets. She is also designing a two-bar version that will allow comparison of two groups such as, a single provider compared to all other similar providers or a single LME compared to all other LMEs across the State. An outcomes version will be designed to follow an admissions cohort and show two-

time points. She noted that the management team is still discussing options for the Update reports, including making them cohort rather than cross-sectional reports.

- At this point Craddock referred to her handout on tracking an entry cohort. Her handout displayed the complexity in the designing and generation of cohort reports. Also, she commented on the importance of completing the Update Interviews in order to have adequate outcomes data. Stroud indicated that she would like to get cohort reports.
- Craddock then turned to the draft 'Three Month Update Assessment" report. She quickly reviewed each page explaining what was included and asking for feedback. A specific recommendation was on Graph 8-1, 'Helpfulness of Program Services: Percent Somewhat or Very Helpful.' It was recommended to only report the 'very helpful' response.
- Shealy Thompson shared that Division staff was getting NC-TOPPS data to assess consumers in jail diversion, deaf and hard of hearing population and children in group homes.
- Based on Committee feedback, it appears there is excitement about receiving the reports and using the data.

New Service Definitions Implementation/Division Update

- Spencer Clark distributed copies of the "Consumer Flow Chart for New Medicaid and New State Funded Consumers" that he walked through. He shared that the second page is where NC-TOPPS is included. He noted that a flow chart will be developed that places CDW, COI and NC-TOPPS in the process. If a consumer falls on the first page of the flow chart, a NC-TOPPS Interview is not required.
- Right now NC-TOPPS fits in with the Person-Centered Plan (PCP). NC-TOPPS Interviews should be part of PCP development and review. This will become part of community support training.
- He shared that on Monday, May 1, the Division web site would post the Statewide PCP form.
- Members asked questions about the flow chart for clarification purposes. A common concern was the requirement of NC-TOPPS for Medicaid directly enrolled consumers. LMEs seem unsure how they will know about these consumers to hold providers responsible for completing NC-TOPPS.
- Another issue raised was the inclusion of med management only consumers under NC-TOPPS. Clark referred to the earlier discussion on the development of a shorter NC-TOPPS version for these med management consumers who will fall into the AMSRE target population. He stated that the Division was still listening to input from LMEs and providers on this issue.

Other
- None.

Wrap Up and Adjournment
- The meeting was adjourned at 3:00 p.m. The next meeting is scheduled for July 27, 2006 from 10 a.m. to 3 p.m.